	PATENT A	APPLICATIO Effecti		Application	or Do	cket Num	oer					
CLAIMS AS FILED - PART I								SMALL E	NTITY	00	OTHER SMALL I	
ТО	TAL CLAIMS		(Column	1)	(Column 2)		ı	RATE	T FEE	OR 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	 		BASIC FEE	750.00
<u></u>					·				070.00	OH		700.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=					X\$ 9=	 	OR	X\$18=	
INDEPENDENT CLAIMS			(minus 3 =				X42=		<u> </u>	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							i	TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	(V '	(Column 1)		(Column 2) (Column 3)			i r	SWALL	ADDI-	_	31876	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL
MQ.	Total	* 7·	Minus	30		=		X\$ 9=		OR	X\$18=	
ME	Independent	* (Minus	-3			ľ	X42=	/	OR	X84=	
Ľ	FIRST PRESE	PRESENTATION OF MULTIPLE DEPE			CLAIM	CLAIM		140=	1/	OR	+280=	
								ALOT	 	OR	TOTAL	/
	(Column 1) (Column 2) (Column 3							ADDIT. FEI		lon	ADDIT FEE	
		CLAIMS HIGH		EST	ST			ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≈	
	Independent	*	Minus	***		=		X42=	 	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140	 	1	.200-	
								+140=		OR	+280=	
								ADDIT. FE		OR	ADDIT. FEE	
		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON NO.	Total	*	Minus	**		=]	X\$ 9≈		OR	X\$18=	
MEG	Independent	*	Minus	***		=		X42=	1	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	1	 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	}
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
	The *Highest Nur	nber Previously Pa	nid For" (Total o	or Independ	dent) is the	highest numb	er fo	und in the a	appropriate bo	ox in co	olumn 1.	